Family Faith Formation
Emergency Medical Form

Student Name:____

Address:____

Home phone:____________________ Cell phone:____________________

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under parish authority, when parents or guardians cannot be reached.

Residential Parent/Guardian

Mother's Name:___________________________

Daytime Phone:___________________________

Father's Name:___________________________

Daytime Phone:___________________________

Relative or childcare provider

Name:_______________________________ Relationship:___________________

Address:____

Phone:____________________________________

PLEASE COMPLETE BOTH SIDES

Part I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician:_______________________________________

Phone:____

Dentist:____

Phone:____

Medical Specialist:_______________________________

Phone:____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which the physician should be alerted:

____

____

Date:____________ Signature of Parent/Guardian:_______________________________

Address:____

Part II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school/parish authorities to take the following action:

____

____

Date:____________ Signature of Parent/Guardian:_______________________________

Printed Name: ____